FOR INSTRUCTIONS, SEE BACK OF FORM		FORM DR-1	STATEMENT
This is an initial* Statement of Organization	Reset Form	(Rev. 8/2011) For Office Use	Only
* Statement must be filed within 10 days of committee accepting contributions, making expenditures, or incurring debts exceeding \$750. Amendments must be filed within 30 days of a change. Effective January 1, 2011, ONLY county/local committees with less than \$2000 in campaign activity may file using these forms. All other committees must file their statements and reports electronically.		Comm. #	065
		Audited	
		of the committee \ if	amonding committee parts
put old name in ().  ASHLEY Fore 54 per EU1		of the communication	anner and committee ranner
HAPOPITABLE Indicate time of committee you are concriting for		. AALEKAN	
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) (5) County Candidate (6) City Candidate (7) School Board or Other (10) School Board or Other Political Subdivision PAC (11) Ballot Iss	Statewide PAC (3)State Party (		
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mar	datory except for a	candidate's committee)
Name + Sheey / Ashley	Name ↓ ↓		2
Mailing Address 1 100th ST	Mailing Address ↓ ↓	,	2 2
Correction 4. 1/e TA 5/0/6	City, State ↓ ↓ Zip Code ↓	¥	<u> </u>
Phone (7/2) 375 5485	Phone ( )		<u></u>
O-Mall GRACE SKA @ AOLOGO	e-Mail		2 20
INDICATE PURPOSE OF COMMITTEE - Check One Box & Ad		Advocate against ba	lot issue(s)
All Candidates Enter Office Sought: County Supereursore	County/Local Candidates	s and Ballot Issue C	ommittees Enter:
	County: UBD 4 DL	le Le	h list of counties
Political Party (If applicable) Sepublican  District:	Date of Election: Nov		
Year Standing for Election: 20/2	Candidate name & Address of	and the same of th	The state of the s
Bank Account Name (must match committee name)	Candidate Hally & Address	Affiliate, or Spons	or
Aghley Fur Super Viscon	Mailing Address	hley	V Committee Comm
Name of Financial Institution type of Account  FIRST TRUST SHUINGS Checking  Mailing Address	Maning Address V	Ast	
Mailing Address ↓ ↓	City	State + +	Zlp ↓ ↓
245 Main	Corpertionulle	74	51016
Moville & TA 51039	Phone (7/2) 375 3	5485	
Moui /18 1/ LA 51039	e-Mail		
STATEMENT OF AFFIRMATION: By filing this document the committee a	affirms the following:		
<ol> <li>The committee and all persons connected with the committee understand the rules in Chapter 351 of the lowa Administrative Code.</li> </ol>			
<ol> <li>That lowa Code section 68A.402 and rule 351—4,9 require the filing of disc subjects the candidate or chairperson (in the case of committees other than a imposition of other criminal and civil senctions.</li> </ol>	closure reports and that the failure to file candidate's committee) to the automati	a these reports on or b c assessment of a civil	efore the required due dates penalty and the possible
<ol> <li>That lowa Code section 68A.405 and rules 351—4.38 through 4.41 require political materials except for those items exempted by statute or rule. A commit shorter "paid for by" and does not intend to cross the \$750 filling threshold shall</li> </ol>	tee that wishes to register a committee	name for purposes of	committee on all using the
4. That lowa Code section 68A.503 and rules 351-4.44 through 4.52 prohibit			
5. A candidate and a candidate's committee may only expend campaign funds			
<ol> <li>That the committee will continue to file disclosure reports until all activity had discolution (DR-3) has been filed.</li> </ol>	s севзец, сотпилее funds spent, debt	P Lepolard' #Ud # IIU#I	TOPOIL AND A SIGNIFICATION
thank (deshlo)	60/12/1-	2	
Signature of Treasurer	12/	Data Signed	
Signature of Candidate, OR, for all other committees, Chairperson	10/12/12	Date Signed	